

SECTION III: Work Experience

State Date:	End Date:	Name & Phone Number of Employer:	Position:	Duties/Responsibilities:	Ending Salary:	Reason for Leaving:
		Supervisor:				
Start Date:	End Date:	Name & Phone Number of Employer:	Position:	Duties/Responsibilities:	Ending Salary:	Reason for Leaving:
/		Supervisor:				
Start Date:	End Date:	Name & Phone Number of Employer:	Position:	Duties/Responsibilities:	Ending Salary:	Reason for Leaving:
		Supervisor:				

Do you have any objection to our contacting your present employer to verify the above? Yes No

If yes, indicate when we may contact your present employer and explain: _____

SECTION IV: References

Name & Position	Organization	Telephone Number	Years Acquainted
1.			
2.			
3.			

Please include any other information you feel is pertinent.

I authorize Central Todd Country Care Center to investigate all of the statements contained herein and the references and employers I have listed. I understand that any employment is conditioned on a background check. I give permission to my former employers and references to disclose information regarding my former employment, character and general reputation to CTCCC, without giving me prior notice of such disclosure. In addition, I release CTCCC, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between myself and CTCCC for either employment or for the providing of any benefit. A material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of employment or, if employed, termination by Central Todd Country Care Center.

Signature

Date